

APPLICATION FOR TAXICAB DRIVER PERMIT

Application is hereby made for a permit to operate a Taxicab in the City of Council Bluffs, Iowa, pursuant to the provisions of City Ordinance No.

A. Personal Data

Name: _____

Present Address: _____

Previous Address: _____

Marital Status: _____

Age: _____ Height: _____ Weight: _____ Complexion: _____

Color of Hair : _____ Color of Eyes: _____

Place of Birth: _____ United States Citizen: _____

Naturalized: _____ By Birth: _____

Is Applicant able to Read, Write, and understand the English Language: Yes No

B. Employment Data

Present Employer and Job Description

List the Three Employers Prior to Your Present Employer and your Job Description with Each Including Dates and Reasons for Leaving:

C; Taxicab

For the Taxicab(s) Which You will be Operating Please Indicate the Following:

Owner of Said Taxicab(s): _____

Number(s) Assigned to Said Taxicab(s): _____

State Vehicle License Number(s) of Said Taxicab(s): _____

If Not Owned by Applicant, State Arrangement by which Applicant Operates Designated Taxicab(s): _____

D. Driving Data

Iowa Driver's License No. _____ Expiration Date _____

Iowa Chauffeur's License No. _____ Expiration Date _____

If Applicant Holds Driver's License of Another State Which Allowed Said Driver to Operate a Taxicab Within Said State, Indicate:

State: _____ Driver's License No. _____ Expiration Date _____

Social Security Number: _____

If your Driver's License has ever been Suspended or Revoked Indicate the Reason(s) for said Suspension(s) or Revocation(s)

E. Driving History:

List All Moving Traffic Violations Received in Past Two Years

F. Criminal History

All Prior Felony or Misdemeanor Convictions and Date of Such (If convicted of a felony less than five (5) years ago, please see Section 3.68.030a(c)).

G. Fees:

Initial Issuance \$10.00

Initial Issuance to Applicant Holding a Valid and Current Omaha Taxicab
Driver's Permit \$5.00

Renewal \$5.00

Signature of Applicant

STATE OF IOWA COUNTY OF POTTAWATTAMIE

On the _____ day of _____, 20____ before me, the undersigned, a Notary Public in and for said County and State, personally appeared the applicant, - _____, to me personally known, and who, being by me first duly sworn on oath, stated that (s)he is the applicant named in and who executed the foregoing instrument, and acknowledged to me that the statements contained in the foregoing instrument are true, as (s)he verily believes.

Notary Public in and for said State

*Applicants holding a valid and current Omaha Taxicab Driver's Permit must produce for inspection and copying by the City Clerk their Omaha Taxicab Driver's Permit, and Iowa or Nebraska State Vehicle Inspection Certificate issued within the preceding six (6) months of the date of this application, a Taximeter Inspection Certificate or stamp for each taxicab to be operated by applicant, and a Certificate of Insurance covering the taxicab(s) designated in Section C.

Applicant Do Not Write Below This Line

Date Fingerprinted

Fingerprinting Officer

RECOMMENDATION FOR APPROVAL:

Yes, () NO ()

Chief of Police